

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Mutual Insurance Companies PAC

ADDRESS (number and street) ▼

3601 Vincennes Road

PO Box 68700

☐ Check if different than previously reported. (ACC)

Indianapolis

IN

46268

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00170258

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
08 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
08 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Gregg A. Dykstra J.D.

Signature of Treasurer

Mr. Gregg A. Dykstra J.D.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
09 18 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
08 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
08 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		15730.04
(b) Cash on Hand at Beginning of Reporting Period.....	69712.24	
(c) Total Receipts (from Line 19) .....	46264.85	320673.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	115977.09	336403.60
7. Total Disbursements (from Line 31) .....	42033.60	262460.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	73943.49	73943.49
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	1		2	0	1	3		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	3		

**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

29641.24

214799.55

(ii) Unitemized .....

5320.08

77862.10

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

34961.32

292661.65

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

11000.00

26391.42

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

45961.32

319053.07

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

298.36

1584.04

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

5.17

36.45

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

46264.85

320673.56

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

46264.85

320673.56

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	283.60	1660.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	283.60	1660.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37500.00	258000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	300.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	300.00
29. Other Disbursements .....	4250.00	2500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	42033.60	262460.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42033.60	262460.11

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	45961.32	319053.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45961.32	318753.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	283.60	1660.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	298.36	1584.04
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	-14.76	76.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John Abbott**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : AE7074A5CDEF24BB4A98**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ms. Cathy M. Adcock**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A09E034A21CBB4ED7BD2**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Ms. Cathy M. Adcock**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A78538738AD564F6FB24**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Todd E. Albert**

Mailing Address PO Box 111

City State Zip Code  
Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Mutual Insurance Company

Occupation  
Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : A11F1C30B79474387A35**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Mr. Todd E. Albert**

Mailing Address PO Box 111

City State Zip Code  
Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Mutual Insurance Company

Occupation  
Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

08 / 28 / 2013

**Transaction ID : AAA8CDD85BA574F39A8F**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Mr. Thomas Alighieri**

Mailing Address 222 Ames St

City State Zip Code  
Dedham MA 02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norfolk & Dedham Mutual Fire Insurance

Occupation  
Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : ADC2704D3CBE04BE7853**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

80.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas Alighieri**

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : A842C7A8D7D734284A4A**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. Neil Aldredge**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 16 / 2013

**Transaction ID : A7192C52B136A4A1D839**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Mr. Neil Aldredge**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : A7A42EE33CE2D441E9CA**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 99  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Diane Allen**

Mailing Address 6101 Anacapi Blvd

City State Zip Code  
 Lansing MI 48917-3994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Auto-Owners Insurance Company

Occupation  
 Vice President-Personnel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A5F9A6960683844CD9EC**

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

**B. Ms. Diane Allen**

Mailing Address 6101 Anacapi Blvd

City State Zip Code  
 Lansing MI 48917-3994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Auto-Owners Insurance Company

Occupation  
 Vice President-Personnel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : AA4EEE4FDB0CD4C87809**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. Mr. Herman J. Arends**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Auto-Owners Insurance Company

Occupation  
 Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : AFA3C6F979AD342709FA**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

615.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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PAGE 10 OF 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Rick A. Arens**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Underwriting Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : AC568E6107B1D476882A**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Ms. Laura Grace Ashton**

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

PAC Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

08 / 16 / 2013

**Transaction ID : AF8D02D15188C4132BD8**

Amount of Each Receipt this Period

11.50

Full Name (Last, First, Middle Initial)

**C. Ms. Laura Grace Ashton**

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

PAC Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

08 / 23 / 2013

**Transaction ID : ACB06082FA4804F75971**

Amount of Each Receipt this Period

11.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

48.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Lisa M Ayotte**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

AVP- Real Estate & Operational Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A7B9BCCE9581E49E48F2**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Ms. Lisa M Ayotte**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

AVP- Real Estate & Operational Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : ACC42FAF4377442B6A17**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael D. Baker**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A51D79238DC9941CBA55**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 OF 99

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Michael D. Baker**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 30 / 2013

Transaction ID : ADE66782F5D8E4F64814

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin Barnes**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 30 / 2013

Transaction ID : AC3672DC49EC54C06804

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Mr. Walter Bennett**

Mailing Address 2300 Garden Rd

City

Monterey

State

CA

Zip Code

93940-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

California Capital Insurance Company

Occupation

VP Underwriting and Field Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 27 / 2013

Transaction ID : A6D3CE882B9054A00A15

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

325.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John S. Benson**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

President, CEO & Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.24

Date of Receipt

08 / 02 / 2013

Transaction ID : AAB8F639B45BF44B9820

Amount of Each Receipt this Period

115.39

Full Name (Last, First, Middle Initial)

**B. Mr. John S. Benson**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

President, CEO & Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1961.63

Date of Receipt

08 / 16 / 2013

Transaction ID : AFCF9D9B12F7C4C4D8B5

Amount of Each Receipt this Period

115.39

Full Name (Last, First, Middle Initial)

**C. Mr. John S. Benson**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

President, CEO & Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2077.02

Date of Receipt

08 / 30 / 2013

Transaction ID : A988C3FDA4E6E4150AFC

Amount of Each Receipt this Period

115.39

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

346.17

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jake Block**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : A21E61DB5BAD44D0BBAI**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Clarence Boyle Sr.**

Mailing Address 200 N Main St

City  
Bel Air

State  
MD

Zip Code  
21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : AA6E66966942A46EC92B**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Ms. Heather Brown**

Mailing Address PO Box 111

City  
Bucyrus

State  
OH

Zip Code  
44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Personal Lines Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : A7D6B52DCCC0E4766A6F**

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

355.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Heather Brown**

Mailing Address PO Box 111

City State Zip Code  
 Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ohio Mutual Insurance Company

Occupation  
 Personal Lines Territory Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 28 / 2013

**Transaction ID : ABA284F254C4243C6A4D**

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**B. Ms. Tina Brumley**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Auto-Owners Insurance Company

Occupation  
 Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A71D11DE8D2114B84A9C**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Mr. Bob I. Buchanan**

Mailing Address 6101 Anacapi Blvd

City State Zip Code  
 Lansing MI 48917-3994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Auto-Owners Insurance Company

Occupation  
 Senior Vice President, Info. Systems &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : AA9ED3047CB17433988D**

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

72.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bob I. Buchanan

Mailing Address 6101 Anacapri Blvd

City

Lansing

State

MI

Zip Code

48917-3994

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Senior Vice President, Info. Systems &amp;

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 30 / 2013

Transaction ID : A892C00D719AC4A9FAF5

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Mr. Stephen Buell

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 30 / 2013

Transaction ID : AFD376DC82AAC483380C

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Mr. Mike Bush

Mailing Address PO Box 860

City

Bryant

State

AR

Zip Code

72089-0860

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Farmers Union Mutual Insurance Company

Occupation

Vice President/Secretary

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 30 / 2013

Transaction ID : ACF5F6B5151534CA29E8

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)..... ►

692.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Ginny Caro**

Mailing Address 3030 N 3rd St

City  
Phoenix

State  
AZ

Zip Code  
85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Vice President of Claims Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.56

Date of Receipt

08 / 23 / 2013

**Transaction ID : A6F7D683B0BC649F1B2F**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Mr. Charles M. Chamness**

Mailing Address PO Box 68700

City  
Indianapolis

State  
IN

Zip Code  
46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2430.00

Date of Receipt

08 / 16 / 2013

**Transaction ID : A24951FF826E94D38923**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**C. Mr. Charles M. Chamness**

Mailing Address PO Box 68700

City  
Indianapolis

State  
IN

Zip Code  
46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2430.00

Date of Receipt

08 / 16 / 2013

**Transaction ID : AB92E3534F797426F96D**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

231.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Charles M. Chamness**

Mailing Address PO Box 68700

City  
Indianapolis

State  
IN

Zip Code  
46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2520.00

Date of Receipt

08 / 23 / 2013

Transaction ID : ADDFD3FBD29764780835

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark Coe**

Mailing Address PO Box 111

City  
Bucyrus

State  
OH

Zip Code  
44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

IT Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.00

Date of Receipt

08 / 20 / 2013

Transaction ID : A0E791E093AE949C7AD4

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Coe**

Mailing Address PO Box 111

City  
Bucyrus

State  
OH

Zip Code  
44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

IT Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

08 / 28 / 2013

Transaction ID : A6F8A5500DE4E40F3960

Amount of Each Receipt this Period

39.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

168.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Darwin G. Copeman CPCU**

Mailing Address PO Box 468

City State Zip Code  
 Neenah WI 54957-0468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jewelers Mutual Insurance Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1654.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 04 / 2013

Transaction ID : AEE26959E18974493AE0

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Mr. Darwin G. Copeman CPCU**

Mailing Address PO Box 468

City State Zip Code  
 Neenah WI 54957-0468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jewelers Mutual Insurance Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1854.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 30 / 2013

Transaction ID : A12A6AD582DFE45EEA33

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Mr. Gregg Cornell**

Mailing Address 6101 Anacapi Blvd

City State Zip Code  
 Lansing MI 48917-3994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 20 / 2013

Transaction ID : A65D5C403AAD54CEDAD2

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1400.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. William C. Craine**

Mailing Address 1 Preferred Way

City State Zip Code  
 New Berlin NY 13411-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Preferred Mutual Insurance Company

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 09 / 2013

**Transaction ID : A2B14095A212F4889864**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Dan DeArment**

Mailing Address PO Box 646

City State Zip Code  
 Bedford PA 15522-0646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Friends Cove Mutual Insurance Company

Occupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : A3EE84FAAE0984B6CBA8**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Rick DeGraw**

Mailing Address 3030 N 3rd St

City State Zip Code  
 Phoenix AZ 85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CopperPoint Mutual Insurance Company

Occupation  
COO & Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

08 / 23 / 2013

**Transaction ID : AA766B0D020AD4DCAB73**

Amount of Each Receipt this Period

41.59

**SUBTOTAL** of Receipts This Page (optional)..... ►

791.59

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert Detlefsen PhD**

Mailing Address PO Box 68700

City  
Indianapolis

State Zip Code  
IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Vice President - Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

739.16

Date of Receipt

08 / 16 / 2013

**Transaction ID : A8F2A145A0575476FA2C**

Amount of Each Receipt this Period

43.48

Full Name (Last, First, Middle Initial)

**B. Mr. Robert Detlefsen PhD**

Mailing Address PO Box 68700

City  
Indianapolis

State Zip Code  
IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Vice President - Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

782.64

Date of Receipt

08 / 23 / 2013

**Transaction ID : A18C54DAF78ED4C12925**

Amount of Each Receipt this Period

43.48

Full Name (Last, First, Middle Initial)

**c. Mr. Martin M. Doto CPCU, MSIM**

Mailing Address 1 Preferred Way

City  
New Berlin

State Zip Code  
NY 13411-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Preferred Mutual Insurance Company

Occupation  
Senior Vice President Insurance Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

08 / 22 / 2013

**Transaction ID : A6282C8D7D9504338B92**

Amount of Each Receipt this Period

1001.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1087.96

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Charles W. Drier**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 04 / 2013

Transaction ID : AA9D9E00CAF824F078A6

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Mr. Charles W. Drier**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

08 / 30 / 2013

Transaction ID : AE3AFD6E50AD74BF1B3C

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**c. Mr. Gregg A. Dykstra J.D.**

Mailing Address 3601 Vincennes Rd

City  
Indianapolis

State  
IN

Zip Code  
46268-1154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.72

Date of Receipt

08 / 16 / 2013

Transaction ID : AB8EFD49EF3D74247AE5

Amount of Each Receipt this Period

96.16

**SUBTOTAL** of Receipts This Page (optional)..... ►

246.16

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Gregg A. Dykstra J.D.**

Mailing Address 3601 Vincennes Rd

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Chief Operating Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.88

Date of Receipt

08 / 23 / 2013

**Transaction ID : A55DAEC89DBE44EFDB17**

Amount of Each Receipt this Period

96.16

Full Name (Last, First, Middle Initial)

**B. Mr. Fred A. Edmond CPCU, CIC**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1232.00

Date of Receipt

08 / 02 / 2013

**Transaction ID : A37DED93BCAC348E691A**

Amount of Each Receipt this Period

77.00

Full Name (Last, First, Middle Initial)

**c. Mr. Fred A. Edmond CPCU, CIC**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1309.00

Date of Receipt

08 / 16 / 2013

**Transaction ID : A5BEB8758578B4F74AAC**

Amount of Each Receipt this Period

77.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

250.16

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Fred A. Edmond CPCU, CIC**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1386.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A8778D898D0AD47EA98C**

Amount of Each Receipt this Period

77.00

Full Name (Last, First, Middle Initial)

**B. Mr. David B. Emerson**

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 09 / 2013

**Transaction ID : A922DE5EA9A424359B58**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Andrew M. Eriksen**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A3FB8173108424AF3B8D**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

677.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Andrew M. Eriksen**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 30 / 2013

Transaction ID : AFFD1AC9ED7244D1D96F

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen F. Fabian**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Vice President, Chief Information Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.70

Date of Receipt

08 / 09 / 2013

Transaction ID : A76BADE64F71B46BA8C4

Amount of Each Receipt this Period

111.12

Full Name (Last, First, Middle Initial)

**c. Mr. Stephen F. Fabian**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Vice President, Chief Information Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.82

Date of Receipt

08 / 30 / 2013

Transaction ID : ABE7EED5A4C30428EA04

Amount of Each Receipt this Period

111.12

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

322.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Eileen Phaner AIAF, CPCU**

Mailing Address 6101 Anacapri Blvd

City  
Lansing

State  
MI

Zip Code  
48917-3994

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Senior Vice President, Treasurer & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : A795E0D2F8DDD4649ABA**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Gayle Fisher**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President-Life Operatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : AEEA229454BD047E494A**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**c. Ms. Gayle Fisher**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President-Life Operatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : AB0B81F7F20D6419E8CE**

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Joe Flynn**

Mailing Address PO Box 5626

City

Rockford

State

IL

Zip Code

61125-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockford Mutual Insurance Company

Occupation

AVP Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.20

Date of Receipt

08 / 09 / 2013

**Transaction ID : A220E099761424AC697B**

Amount of Each Receipt this Period

38.48

Full Name (Last, First, Middle Initial)

**B. Mr. Joe Flynn**

Mailing Address PO Box 5626

City

Rockford

State

IL

Zip Code

61125-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockford Mutual Insurance Company

Occupation

AVP Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.68

Date of Receipt

08 / 28 / 2013

**Transaction ID : AFB1CA4089C14452D97F**

Amount of Each Receipt this Period

38.48

Full Name (Last, First, Middle Initial)

**C. Mr. Rusty Frisinger**

Mailing Address PO Box 1050

City

Fayetteville

State

AR

Zip Code

72702-1050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington County Farmers Mutual Fire

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.66

Date of Receipt

08 / 30 / 2013

**Transaction ID : A83B80DFC99194C5D8EC**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

201.96

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Donald Fry**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : AA0C1EBB52CC1435193C**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mr. Benjamin Galloway**

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbia Mutual Insurance Company

Occupation

SVP & CRO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

08 / 09 / 2013

**Transaction ID : A1B1AF28D004B4B04A8B**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**c. Mr. Benjamin Galloway**

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbia Mutual Insurance Company

Occupation

SVP & CRO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

08 / 22 / 2013

**Transaction ID : AEA9E89EA47784E99B10**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Randy Gerdes**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Vice President of Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 23 / 2013

**Transaction ID : A07E85187ECB74608BD5**

Amount of Each Receipt this Period

20.68

Full Name (Last, First, Middle Initial)

**B. Mr. Bryan Gilleland**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.52

Date of Receipt

08 / 02 / 2013

**Transaction ID : AD055A55FF67E4DC8A55**

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

**c. Mr. Bryan Gilleland**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 16 / 2013

**Transaction ID : A452D689DCCB84831A6E**

Amount of Each Receipt this Period

38.47

**SUBTOTAL** of Receipts This Page (optional)..... ►

97.62

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bryan Gilleland

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

692.46

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 30 / 2013

Transaction ID : AB70D9F7DAC6E4194BA6

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

B. Mr. Jimi Grande

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President-Federal and Poli

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1476.58

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 16 / 2013

Transaction ID : AF3E7F1C184824871AE8

Amount of Each Receipt this Period

113.64

Full Name (Last, First, Middle Initial)

C. Mr. Jimi Grande

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President-Federal and Poli

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1590.22

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 23 / 2013

Transaction ID : AEA395E93D1234113A61

Amount of Each Receipt this Period

113.64

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

265.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jonathan C. Grether MSIM, CPCU**

Mailing Address PO Box 370

City

Algona

State

IA

Zip Code

50511-0370

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pharmacists Mutual Insurance Company

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A377F58B681EC487AAFF**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Ms. Alice Hamm**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A425DAF7507DB43EA8F7**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Ms. Alice Hamm**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : AC460880190C04137B47**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James Hardesty**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Vice Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : A42AF5B6E3B024471B48**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen A. Harris CPCU**

Mailing Address PO Box 9

City

Cobleskill

State

NY

Zip Code

12043-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sterling Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 22 / 2013

**Transaction ID : AFA499C4A93FD40418AB**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Mr. F. Timothy Hegarty Jr., CPCU**

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : A8EB35FC0F98745C3B09**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

370.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. F. Timothy Hegarty Jr., CPCU**

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : AAE6D14F34C1C4620A5C**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. David F. Honold**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.88

Date of Receipt

08 / 02 / 2013

**Transaction ID : A2F25D334DAE14058A64**

Amount of Each Receipt this Period

76.93

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Hooper**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : A269127960D2E4C8DBC9**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

596.93

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Wesley D. Jackson AIC, PFMM**

Mailing Address PO Box 6106

City

Temple

State

TX

Zip Code

76503-6106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RVOS Farm Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 16 / 2013

**Transaction ID : AB7D29DDFE81142ED89F**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Theresa Jakubick**

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : A84EB45CB3F2A4BBDB59**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Ms. Theresa Jakubick**

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 28 / 2013

**Transaction ID : AED6651636A0A475F8A6**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Lee A. Janis III**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Vice President of Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : AF110DAAC090B49F2BD9**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jon Jorgensen**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A5618AF7160F24BD2BBF**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jon Jorgensen**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.25

Date of Receipt

08 / 30 / 2013

**Transaction ID : AFB0ADD25B729496295F**

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional)..... ►

311.25

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Margaret Kapka**

Mailing Address 250 Main St

City State Zip Code  
 Buffalo NY 14202-4188

FEC ID number of contributing federal political committee.

C

Name of Employer

Merchants Mutual Insurance Company

Occupation

VP Corporate Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 20 / 2013

Transaction ID : A4E523E5C08654D0E816

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas Karol**

Mailing Address 122 C St NW Ste 540

City State Zip Code  
 Washington DC 20001-2102

FEC ID number of contributing federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Federal Affairs Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.52

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 16 / 2013

Transaction ID : A5A0BCC58469D42449FA

Amount of Each Receipt this Period

45.46

Full Name (Last, First, Middle Initial)

**C. Mr. Thomas Karol**

Mailing Address 122 C St NW Ste 540

City State Zip Code  
 Washington DC 20001-2102

FEC ID number of contributing federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Federal Affairs Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 / 23 / 2013

Transaction ID : AFD0EFD9830484925997

Amount of Each Receipt this Period

45.46

SUBTOTAL of Receipts This Page (optional)..... ►

340.92

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Frank P. Kellner III**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 09 / 2013

**Transaction ID : AA9EA1DBAB27D40728A9**

Amount of Each Receipt this Period

55.56

Full Name (Last, First, Middle Initial)

**B. Mr. Frank P. Kellner III**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.92

Date of Receipt

08 / 30 / 2013

**Transaction ID : A9B55E69465B7417285C**

Amount of Each Receipt this Period

55.56

Full Name (Last, First, Middle Initial)

**C. Mr. Drew A. Klasing**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Manager, Home Office Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A42E3486178494D09983**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

151.12

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Drew A. Klasing**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Manager, Home Office Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : AFD78F5FF3E6D435489B**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kraig T. Klopfenstein**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Sales/Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A5A18A186202B420EBA3**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**c. Mr. Kraig T. Klopfenstein**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Sales/Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : ABE011A291054433F968**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

195.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Andrew Knudsen**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

08 / 02 / 2013

**Transaction ID : A7CD2D7C55BD84CE1895**

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

**B. Mr. Andrew Knudsen**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.00

Date of Receipt

08 / 16 / 2013

**Transaction ID : A1F36EF2AE9DF44DC856**

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

**C. Mr. Andrew Knudsen**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A04C3EE6737E14026B81**

Amount of Each Receipt this Period

38.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

114.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Steve J. Knutson ARe, CPCU**

Mailing Address PO Box 308

City State Zip Code  
 Esko MN 55733-0308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RAM Mutual Insurance Company

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 19 / 2013

**Transaction ID : A7FB1FE8DAB6E40B9ABC**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Pam Lahodny**

Mailing Address 500 Hwy. 77-A

City State Zip Code  
 Yoakum TX 77995

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Hochheim Prairie Farm Mutual Insurance

Occupation  
 Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 09 / 2013

**Transaction ID : A1876B4BB8A2D4AE9916**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Justin L. Lear PFMM**

Mailing Address PO Box 396

City State Zip Code  
 Ellinwood KS 67526-0396

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Farmers Mutual Insurance Company

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A04A8D28256F54F8E9B1**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

530.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Joe R. Liddle**

Mailing Address 2523 Meadow Creek Rd

City State Zip Code  
Galax VA 24333-4671

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grayson Carroll Wythe Mutual Insurance

Occupation  
Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A846A2550207E44AA82F**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Steven D. Linkous**

Mailing Address 200 N Main St

City State Zip Code  
Bel Air MD 21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harford Mutual Insurance Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1563.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : AFA8BF1D7F07B4683910**

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin Lucke**

Mailing Address PO Box 219

City State Zip Code  
Sublimity OR 97385-0219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sublimity Insurance Company

Occupation  
Claims Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : ADA4B8DA1E2A7483E929**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

709.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Tim Lynch**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 04 / 2013

Transaction ID : AA2344630759D41C0848

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Mr. Tim Lynch**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.63

Date of Receipt

08 / 30 / 2013

Transaction ID : A0F9480A61CED4BF38DE

Amount of Each Receipt this Period

41.63

Full Name (Last, First, Middle Initial)

**C. Ms. Rae Malesh**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Assistant to the President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.50

Date of Receipt

08 / 16 / 2013

Transaction ID : AFFDB73320982408FB58

Amount of Each Receipt this Period

13.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.13

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Rae Malesh**

Mailing Address PO Box 68700

City  
Indianapolis

State Zip Code  
IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Assistant to the President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : AA91F6D3AF6744E31B52**

Amount of Each Receipt this Period

13.50

Full Name (Last, First, Middle Initial)

**B. Ms. Diane Marshall**

Mailing Address PO Box 30660

City  
Lansing

State Zip Code  
MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A8BE3779013714BD0929**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Ms. Diane Marshall**

Mailing Address PO Box 30660

City  
Lansing

State Zip Code  
MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A3F7B5B1CADEC497EBE6**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

213.50

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Joel Matthies**

Mailing Address PO Box 468

City State Zip Code  
Neenah WI 54957-0468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jewelers Mutual Insurance Company

Occupation  
Vice President - Information Technolog

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 04 / 2013

**Transaction ID : A4C7F484025EC48FEB62**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Mr. Joel Matthies**

Mailing Address PO Box 468

City State Zip Code  
Neenah WI 54957-0468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jewelers Mutual Insurance Company

Occupation  
Vice President - Information Technolog

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 30 / 2013

**Transaction ID : A1C0B2B8DBE814174B83**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Mr. Phil McCain**

Mailing Address One Mutual Avenue

City State Zip Code  
Frankenmuth MI 48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
Vice President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.52

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 02 / 2013

**Transaction ID : A87D81EFF5A98482EBB6**

Amount of Each Receipt this Period

38.47

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

118.47

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Phil McCain**

Mailing Address One Mutual Avenue

City State Zip Code  
 Frankenmuth MI 48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Frankenmuth Mutual Insurance Company

Occupation  
 Vice President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.99

Date of Receipt

08 / 16 / 2013

**Transaction ID : A70DB9EC0A2494B3798C**

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

**B. Mr. Phil McCain**

Mailing Address One Mutual Avenue

City State Zip Code  
 Frankenmuth MI 48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Frankenmuth Mutual Insurance Company

Occupation  
 Vice President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.46

Date of Receipt

08 / 30 / 2013

**Transaction ID : AFAB4FC835E864A729F9**

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

**C. Mr. Robert McDorman**

Mailing Address 200 N Main St

City State Zip Code  
 Bel Air MD 21014-3554

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Harford Mutual Insurance Company

Occupation  
 Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : A591C95235678443C9C0**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

176.94

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sherry L. McKenzie AAM, AIS**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : AC5277E031E5D4B149BB**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Ms. Sherry L. McKenzie AAM, AIS**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A2EEEC48A32EC4A52B7B**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Mr. Brian S. McLeod**

Mailing Address One Mutual Avenue

City  
Frankenmuth

State  
MI

Zip Code  
48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.00

Date of Receipt

08 / 02 / 2013

**Transaction ID : A47E3B8BE5A034352B86**

Amount of Each Receipt this Period

38.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

163.50

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Brian S. McLeod**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.50

Date of Receipt

08 / 16 / 2013

**Transaction ID : A2BBABACF8DF94FB9AE**

Amount of Each Receipt this Period

38.50

Full Name (Last, First, Middle Initial)

**B. Mr. Brian S. McLeod**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A7751D11D70C24FC0819**

Amount of Each Receipt this Period

38.50

Full Name (Last, First, Middle Initial)

**C. Mr. John Menzies III**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : AC14CF3F0505C402C941**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

177.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Albert Mezzanotte Jr.**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : A032A625414E2439C819**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mr. Scott A. Michael**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

AVP - Personal Lines Auto

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A0732E8086A8B4FA6B25**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Mr. Scott A. Michael**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

AVP - Personal Lines Auto

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : AE66D9B844FE742BAA3E**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

170.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David Middleton**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Finance

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 16 / 2013

**Transaction ID : AF497DF49F4D3490B84E**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Mr. David Middleton**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Finance

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : A298B831A912944D3A49**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Ms. Dona L. Mohr**

Mailing Address 1725 Hopley Ave

City

Bucyrus

State

OH

Zip Code

44820-3569

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Assistant Vice President-Quality Servi

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : A6ACC19CB39C74A7DAC3**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Dona L. Mohr**

Mailing Address 1725 Hopley Ave

City State Zip Code  
 Bucyrus OH 44820-3569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ohio Mutual Insurance Company

Occupation  
 Assistant Vice President-Quality Servi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

08 / 28 / 2013

**Transaction ID : A78A56E7945AF4DB88F0**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Ms. Carolyn B. Muller**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Auto-Owners Insurance Company

Occupation  
 AVP-Regional Sales Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A594268A6ED08432FBAE**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Ms. Carolyn B. Muller**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Auto-Owners Insurance Company

Occupation  
 AVP-Regional Sales Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A2276AE8675634FC1968**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

105.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Joel P. Murray**

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

Vice President, Personal Lines & Marke

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : A79D6AE015475470EB1E**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. Joel P. Murray**

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

Vice President, Personal Lines & Marke

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : AD8542C2BAF3A4085A39**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Ms. Katherine Noiro**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Senior Vice President, Marketing & Sal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A741E616FF2F04DAAA4A**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

790.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert F. Ohler**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.70

Date of Receipt

08 / 09 / 2013

**Transaction ID : A8D1E7230CEE44F41A9F**

Amount of Each Receipt this Period

111.12

Full Name (Last, First, Middle Initial)

**B. Mr. Robert F. Ohler**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.82

Date of Receipt

08 / 30 / 2013

**Transaction ID : A42B13657FA9743CD837**

Amount of Each Receipt this Period

111.12

Full Name (Last, First, Middle Initial)

**C. Ms. Angela Panowicz**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Underwriting Supervisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.08

Date of Receipt

08 / 30 / 2013

**Transaction ID : A9DD280C1CC4748C1AE7**

Amount of Each Receipt this Period

27.78

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.02

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sandra G. Parrillo CPCU**

Mailing Address PO Box 6066

City

Providence

State

RI

Zip Code

02940-6066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Mutual Fire Insurance Compa

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : A975634C6B7224AB0898**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Mr. John A. Paul PFMM**

Mailing Address PO Box 498

City

Council Bluffs

State

IA

Zip Code

51502-0498

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Iowa Mutual Insurance Associat

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A5F49572F0A4848958DB**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mike Pike**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Human Resources Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : AF3CAA74FC7454835AFD**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2630.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mike Pike**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Human Resources Professional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A62427F966C6A4FC79F4**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Ms. June A. Poole A.I.A.F.**

Mailing Address 200 N Main St

City  
Bel Air

State  
MD

Zip Code  
21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Vice President & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.24

Date of Receipt

08 / 09 / 2013

**Transaction ID : A3DD21ABB69FB4646B61**

Amount of Each Receipt this Period

27.78

Full Name (Last, First, Middle Initial)

**C. Ms. June A. Poole A.I.A.F.**

Mailing Address 200 N Main St

City  
Bel Air

State  
MD

Zip Code  
21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Vice President & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

08 / 30 / 2013

**Transaction ID : A82E8B6C030BD41B7910**

Amount of Each Receipt this Period

27.78

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.56

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Barry Preslaski**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : AEFAA28B0409D4978B5A**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Mr. Barry Preslaski**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A196AC0523E854362B2F**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Mr. Lee Rademacher**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President-Commercial Li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A8FD55EE77CD9482DB82**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 99  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Lee Rademacher**

Mailing Address PO Box 30660

City  
LansingState  
MIZip Code  
48909-8160FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President-Commercial Li

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	30	/	2013

**Transaction ID : A4BA149E79B66434C8BF**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Ms. Jacqueline Rakers IOM, PFMM**

Mailing Address PO Box 116

City  
OhlmanState  
ILZip Code  
62076-0116FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Association of Mutual Insuran

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	19	/	2013

**Transaction ID : AF9CC813320A5481ABB2**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr. Theodore Reinbold**

Mailing Address PO Box 30660

City  
LansingState  
MIZip Code  
48909-8160FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

AVP, Commercial Lines Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	09	/	2013

**Transaction ID : A8C492EADF0684CA8B49**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

680.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jonathan R. Riekse**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Senior Vice President, Personal Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A0A05C88A4E7446A78E0**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jonathan R. Riekse**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Senior Vice President, Personal Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : AD3203AEAB8DF465E9BE**

Amount of Each Receipt this Period

87.00

Full Name (Last, First, Middle Initial)

**c. Mr. L. Gerald Roach CPCU, FLMI**

Mailing Address PO Box 6927

City

Richmond

State

VA

Zip Code

23230-0927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mutual Assurance Society of Virginia

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : AEC810B7D244C4F15A29**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

417.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Mary Jo Robison**

Mailing Address PO Box 70

City State Zip Code  
Henry IL 61537-0070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
La Prairie Mutual Insurance Company

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 16 / 2013

**Transaction ID : A0B45BA5D233241C18D9**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Spencer M. Roman ACAS, MAAA**

Mailing Address 355 Maple Ave

City State Zip Code  
Harleysville PA 19438-2222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harleysville Mutual Insurance Company

Occupation  
Executive Vice President , Field Opera

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : A393D8C50B0EE4DBF85B**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Ms. Mary Rowlinson**

Mailing Address PO Box 111

City State Zip Code  
Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Ohio Insurance Company

Occupation  
Claims Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : A5B9C1025EBC24000A80**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Mary Rowlinson**

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Ohio Insurance Company

Occupation

Claims Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 28 / 2013

**Transaction ID : ABCA76265594348EC932**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Mr. Rodney J. Rupp**

Mailing Address 6101 Anacapi Blvd

City

Lansing

State

MI

Zip Code

48917-3994

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Executive Vice President, Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 09 / 2013

**Transaction ID : ADE50C8D8237847BBA2D**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kenneth Schroeder**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Senior Vice President, Commercial Unde

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A7CDF61517AB3465EA46**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1065.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Kenneth Schroeder**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Senior Vice President, Commercial Unde

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A118C607638244CEA916**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Mr. James C. Schumacher**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Director - Agency Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A002D02EEB4D74118834**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Mr. James C. Schumacher**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Director - Agency Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A131128E9EDBB4583A2D**

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

127.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Judy Schumacher**

Mailing Address 3030 N 3rd St

City  
Phoenix

State  
AZ

Zip Code  
85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Assistant Vice President, Administrati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.20

Date of Receipt

08 / 23 / 2013

**Transaction ID : A870E5DA13D6D48CBB7D**

Amount of Each Receipt this Period

20.45

Full Name (Last, First, Middle Initial)

**B. Mr. Stephen Scott**

Mailing Address 200 N Main St

City  
Bel Air

State  
MD

Zip Code  
21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : A0654A75EC921439CAD5**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kent B. Shantz**

Mailing Address PO Box 5626

City  
Rockford

State  
IL

Zip Code  
61125-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockford Mutual Insurance Company

Occupation

Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.00

Date of Receipt

08 / 09 / 2013

**Transaction ID : ADB444B76DEB6468881A**

Amount of Each Receipt this Period

78.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

198.45

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Kent B. Shantz**

Mailing Address PO Box 5626

City

Rockford

State

IL

Zip Code

61125-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockford Mutual Insurance Company

Occupation

Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

08 / 28 / 2013

**Transaction ID : AACCCF5DC649B452390D**

Amount of Each Receipt this Period

78.00

Full Name (Last, First, Middle Initial)

**B. Mr. William D. Sheldon**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

General Counsel and Chief Compliance O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 23 / 2013

**Transaction ID : A941D5489CB8540FCA11**

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Mr. Gregory Shell**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : AC850ED345D48471292A**

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

140.83

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Gregory Shell**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A2967C076235246FF8C0**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Steven C. Sliver CPA**

Mailing Address PO Box 577

City State Zip Code  
 Huntingdon PA 16652-0577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual Benefit Insurance Company

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A4FBC7D5F6D784C60B00**

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Donald A. Smith Jr.**

Mailing Address 3030 N 3rd St

City State Zip Code  
 Phoenix AZ 85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CopperPoint Mutual Insurance Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : A8A0F11292C2C4010B9B**

Amount of Each Receipt this Period

105.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

780.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Abigail Smith**

Mailing Address 200 N Main St

City  
Bel Air

State  
MD

Zip Code  
21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 26 / 2013

**Transaction ID : A52D70FEE15384C229A5**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mr. John K. Smith CRM, CIC,**

Mailing Address 1 Commerce Sq

City  
Philadelphia

State  
PA

Zip Code  
19103-7042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1515.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A44970A6E280249E584D**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Mr. John K. Smith CRM, CIC,**

Mailing Address 1 Commerce Sq

City  
Philadelphia

State  
PA

Zip Code  
19103-7042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1590.00

Date of Receipt

08 / 09 / 2013

**Transaction ID : A6257532295514EBB9D2**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John K. Smith CRM, CIC,**

Mailing Address 1 Commerce Sq

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1665.00

Date of Receipt

08 / 16 / 2013

**Transaction ID : AB14D8C5631244561BEE**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Mr. John K. Smith CRM, CIC,**

Mailing Address 1 Commerce Sq

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1740.00

Date of Receipt

08 / 22 / 2013

**Transaction ID : A32226200F1174CEE67**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. Ms. Irica Solomon**

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President of Federal and Politica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.96

Date of Receipt

08 / 16 / 2013

**Transaction ID : AC18ABF9A36E548C6A05**

Amount of Each Receipt this Period

45.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

195.46

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Irica Solomon**

Mailing Address 122 C St NW Ste 540

City  
Washington

State Zip Code  
DC 20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Vice President of Federal and Politica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.42

Date of Receipt

08 / 23 / 2013

**Transaction ID : A61529EBF29B34CED8B3**

Amount of Each Receipt this Period

45.46

Full Name (Last, First, Middle Initial)

**B. Mr. Steven C. Speicher**

Mailing Address PO Box 30660

City  
Lansing

State Zip Code  
MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Regional Vice President - Forest Regio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : AB49DF279161D463A9AB**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**c. Mr. Steven C. Speicher**

Mailing Address PO Box 30660

City  
Lansing

State Zip Code  
MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Regional Vice President - Forest Regio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : AAF93D0E92E584DAFA73**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

125.46

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John R. Spielberg**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Executive Vice President & General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.48

Date of Receipt

08 / 09 / 2013

**Transaction ID : A48AE0A89B3184DF3B4B**

Amount of Each Receipt this Period

111.12

Full Name (Last, First, Middle Initial)

**B. Mr. John R. Spielberg**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Executive Vice President & General Cou

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.60

Date of Receipt

08 / 30 / 2013

**Transaction ID : A0BA0D9EE811F40D39A4**

Amount of Each Receipt this Period

111.12

Full Name (Last, First, Middle Initial)

**C. Ms. Kristen Spriggs**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Member Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 16 / 2013

**Transaction ID : A1A489195353947AB8B8**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

242.24

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kristen Spriggs**

Mailing Address PO Box 68700

City  
Indianapolis

State  
IN

Zip Code  
46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Member Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : A7691DEB345E04B7584F**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. James Stabler**

Mailing Address 3030 N 3rd St

City  
Phoenix

State  
AZ

Zip Code  
85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Vice President, Chief Legal Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

08 / 23 / 2013

**Transaction ID : AAC2E1C0FDF5C4836BC6**

Amount of Each Receipt this Period

20.68

Full Name (Last, First, Middle Initial)

**C. Mr. Daniel Stedman**

Mailing Address 1 Preferred Way

City  
New Berlin

State  
NY

Zip Code  
13411-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Director of Commercial Lines

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : A472B1DB825284349A37**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

540.68

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Paul O. Stillman**

Mailing Address 1 Preferred Way

City State Zip Code  
New Berlin NY 13411-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Vice Chairman of the Board

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : AFA7E2107907C4D0F819**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Robert G. Street AIM**

Mailing Address 29 Creighton Ave

City State Zip Code  
Foxboro MA 02035-1405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

NE Casualty Claims Division Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 07 / 2013

**Transaction ID : A1E38E2334FA14C6DB40**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Mr. Robert G. Street AIM**

Mailing Address 29 Creighton Ave

City State Zip Code  
Foxboro MA 02035-1405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

NE Casualty Claims Division Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : A1251BB9F7C2745F4BEE**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

290.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Tim F. Sullivan RPLU**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NAMIC Insurance Company, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1578.40

Date of Receipt

08 / 16 / 2013

**Transaction ID : A520B642617CE43A0902**

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Mr. Tim F. Sullivan RPLU**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NAMIC Insurance Company, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1674.55

Date of Receipt

08 / 23 / 2013

**Transaction ID : A822A4256C8324892988**

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Mr. Terry Suttner**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Membership/Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.70

Date of Receipt

08 / 16 / 2013

**Transaction ID : A9D8019552921470CB9B**

Amount of Each Receipt this Period

52.63

**SUBTOTAL** of Receipts This Page (optional)..... ►

244.93

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Terry Suttner**

Mailing Address PO Box 68700

City  
Indianapolis

State Zip Code  
IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Vice President - Membership/Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.33

Date of Receipt

08 / 23 / 2013

**Transaction ID : A7110E13CA0C14D7C8B1**

Amount of Each Receipt this Period

52.63

Full Name (Last, First, Middle Initial)

## **B. Mr. Jeffrey Tagsold**

Mailing Address PO Box 30660

City  
Lansing

State Zip Code  
MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A8EEB09744FC84D2CACB**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Jeffrey Tagsold**

Mailing Address PO Box 30660

City  
Lansing

State Zip Code  
MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A33B41D4691FD48DDA53**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

237.63

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Paul Tetrault**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

08 / 16 / 2013

**Transaction ID : A21B418A200B5490CAD1**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. Paul Tetrault**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

State Affairs Manager/Northeast Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : AD1BBBDEAE8754B1FA68**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**c. Mr. Daniel J. Thelen**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Senior Vice President of Human Resourc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : A3141C11FBB4C40C5BD7**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Daniel J. Thelen**

Mailing Address PO Box 30660

City State Zip Code  
Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Senior Vice President of Human Resourc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A4084BB1BBC3A4FAF870**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. Joe Thesing**

Mailing Address PO Box 68700

City State Zip Code  
Indianapolis IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

08 / 16 / 2013

**Transaction ID : AE89A3461FEBB41FA841**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Mr. Joe Thesing**

Mailing Address PO Box 68700

City State Zip Code  
Indianapolis IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Assistant Vice President - State Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : A1ADE53B02B3949B18B6**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Bruce D. Thomas PFMM**

Mailing Address PO Box 594

City

Algona

State

IA

Zip Code

50511-0594

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heartland Mutual Insurance Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : A6B61CA5122F94D64A55**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mr. Gary W. Thompson CPCU, CIC**

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbia Mutual Insurance Company

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 09 / 2013

**Transaction ID : ABEE7E86E839D4FD28A2**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Mr. Gary W. Thompson CPCU, CIC**

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbia Mutual Insurance Company

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 22 / 2013

**Transaction ID : AFAD095C33BA843A293A**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Randall Trinklein**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

08 / 02 / 2013

**Transaction ID : A799639F8B67341F4906**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. Mr. Randall Trinklein**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.00

Date of Receipt

08 / 16 / 2013

**Transaction ID : AC1BFD013D8D449D687D**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**C. Mr. Randall Trinklein**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A5C9C435B3F0E40D4883**

Amount of Each Receipt this Period

39.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

117.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mrs. Ellen S. Truant**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.54

Date of Receipt

08 / 09 / 2013

**Transaction ID : A73CE392ABF3447159B8**

Amount of Each Receipt this Period

55.56

Full Name (Last, First, Middle Initial)

**B. Mrs. Ellen S. Truant**

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Vice President-Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.10

Date of Receipt

08 / 30 / 2013

**Transaction ID : AE267DD0167C74F3AA7A**

Amount of Each Receipt this Period

55.56

Full Name (Last, First, Middle Initial)

**c. Mr. Gregg R. U'Ren**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A21EAD7AE9DCA4C51B76**

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

136.12

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert A. Wadsworth CIC, CPCU**

Mailing Address 1 Preferred Way

City State Zip Code  
 New Berlin NY 13411-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Preferred Mutual Insurance Company

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 09 2013

Transaction ID : ADE5BE92AF7664942B21

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jerry Wallace**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Assistant Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 09 2013

Transaction ID : A80997632483E4C9D8CD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. James J. Walsh Jr.**

Mailing Address PO Box 30660

City State Zip Code  
 Lansing MI 48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auto-Owners Insurance Company

Occupation  
Vice President-Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 04 2013

Transaction ID : A62BAC8B0530B4ED4AA0

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James J. Walsh Jr.**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Vice President-Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 30 / 2013

Transaction ID : AE55814E2DDD143EDB40

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. Ian R. Ward**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Senior Vice President, Investments and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 04 / 2013

Transaction ID : A1618DE22E0414BA7859

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Mr. Ian R. Ward**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Senior Vice President, Investments and

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

08 / 30 / 2013

Transaction ID : A22E391AB48BE4D4586C

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark Wenger**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President and Chief P&C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : ADAE70A7156D34687945**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark Wenger**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President and Chief P&C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : AD5D8D29A40E64481BA8**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**C. Jamie Whisnant**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 20 / 2013

**Transaction ID : A46F04CB253A345DCBF7**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

518.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert A. White CIC, ARM,**

Mailing Address 1 S Wacker Dr Ste 2380

City

Chicago

State

IL

Zip Code

60606-4617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

First Nonprofit Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : A3C120E1DB15944BFA05**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. Scott S. Wilder**

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 12 / 2013

**Transaction ID : A3F302EE899D9414F8AA**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Mr. Noel A. Williams**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Vice President of Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.28

Date of Receipt

08 / 23 / 2013

**Transaction ID : A3C3E80AAB0C14F858B7**

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

370.83

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Denise G. Williams**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Manager-East Michigan Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : AF2EC0480F067406D93D**

Amount of Each Receipt this Period

33.00

Full Name (Last, First, Middle Initial)

**B. Ms. Denise G. Williams**

Mailing Address PO Box 30660

City  
Lansing

State  
MI

Zip Code  
48909-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Manager-East Michigan Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

764.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A691C6435327E458E90D**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. David F. Wilson**

Mailing Address PO Box 1070

City  
Galax

State  
VA

Zip Code  
24333-1070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grayson Carroll Wythe Mutual Insurance

Occupation

Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A40F038C20899451280F**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

783.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Daniel Witt**

Mailing Address 3030 N 3rd St

City  
Phoenix

State  
AZ

Zip Code  
85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 23 / 2013

**Transaction ID : AC4A3E65C65B74DA7809**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. Mr. William Woodbury**

Mailing Address 6101 Anacapi Blvd

City  
Lansing

State  
MI

Zip Code  
48917-3968

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

SVP, Assoc. Secretary & Assoc. General

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

08 / 04 / 2013

**Transaction ID : AC9D30F2A6321423D92A**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**C. Mr. William Woodbury**

Mailing Address 6101 Anacapi Blvd

City  
Lansing

State  
MI

Zip Code  
48917-3968

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

SVP, Assoc. Secretary & Assoc. General

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

08 / 30 / 2013

**Transaction ID : A57168D409C064588912**

Amount of Each Receipt this Period

84.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

183.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jeffrey S. Wrobel SR, CPC, A**

Mailing Address PO Box 6927

City  
Richmond

State  
VA

Zip Code  
23230-0927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mutual Assurance Society of Virginia

Occupation

EVP, IT & Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.00

Date of Receipt

08 / 04 / 2013

Transaction ID : AB0834FAE2EE6493EA0C

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

42.00

29641.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 OF 99

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. Cuna Mutual Holding Company Political Action Committee (CUNA MUTUAL PAC)**

Mailing Address 5910 Mineral Point Rd, PO Box 747

Mail Stop 5910 4 A2

City State Zip Code  
 Madison WI 53701

FEC ID number of contributing  
federal political committee.

**C** C00402107

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**08** / **23** / **2013**

**Transaction ID : A11EFD15DF5A448EBACF**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Grange Mutual Casualty Company PAC**

Mailing Address 671 South High Street

PO Box1218

City State Zip Code  
 Columbus OH 43216

FEC ID number of contributing  
federal political committee.

**C** C00302695

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

**08** / **28** / **2013**

**Transaction ID : A666045C68646481EBA9**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

## **C. Secura Insurance a Mutual Company PAC (SECURA INS PAC)**

Mailing Address 2401 S. Memorial Drive

City State Zip Code  
 Appleton WI 54915

FEC ID number of contributing  
federal political committee.

**C** C00343384

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**08** / **20** / **2013**

**Transaction ID : AF60D6784E0E4496E89D**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

8500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 85 OF 99

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A.** State Auto Employees Fed PAC Committee of State Automobile Mutual Insurance Company

Mailing Address 518 East Broad Street

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing  
federal political committee.

**C** C00430884

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**08** / **20** / **2013**

**Transaction ID : A404B92A3BD43B7AABE**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

2500.00

**TOTAL** This Period (last page this line number only)..... ►

11000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. NAMIC Administrative Fund**

Mailing Address 3601 Vincennes Rd

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1584.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2013

**Transaction ID : A9F4AA4F57FE94A70BD2**

Amount of Each Receipt this Period

298.36

Reimb. of bank fees

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

298.36

298.36

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

National Association of Mutual Insurance Companies PAC

Category/  
Type

3.25

Category/  
Type

State:  District:

Category/  
Type

State:  District:

Age Group	Percentage
18-24	19.51
25-34	14.29
35-44	12.86
45-54	11.43
55-64	10.00
65-74	8.57
75-84	7.14
85+	5.71

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 99

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Aristotle**

Mailing Address 205 Pennsylvania Ave SE

City  
WashingtonState  
DCZip Code  
20003-1164Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08                  26                  2013
**Transaction ID : BDA000E077AAB46E3B84**

Amount of Each Disbursement this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Chase Bank**

Mailing Address 8751 Michigan Rd

City  
IndianapolisState  
INZip Code  
46268-3141Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08                  02                  2013
**Transaction ID : B5593C6123AB245AE940**

Amount of Each Disbursement this Period

134.09

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                  District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

259.09

278.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. ANN WAGNER FOR CONGRESS**

Mailing Address PO BOX 50

City	State	Zip Code
BALLWIN	MO	63022

Purpose of Disbursement  
Political Contribution

Candidate Name

**Ann L Wagner**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2013

**Transaction ID : BE35360C99CA7471FB7B**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. AUSTIN SCOTT FOR CONGRESS INC**

Mailing Address PO BOX 2530

City	State	Zip Code
TIFTON	GA	31793

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Austin Scott**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2013

**Transaction ID : BA033E81891104591BBA**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Blue Dog Political Action Committee**Mailing Address 6849 Old Dominion Drive  
Suite 222

City	State	Zip Code
McLean	VA	22101

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2013  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Other2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2013

**Transaction ID : B3EF6367E3C164596A7C**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. CAMP PAC**Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Other2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2013

**Transaction ID : B2061A3C4EE30463EB70**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. COTTON FOR CONGRESS**

Mailing Address PO BOX 379

City Dardanelle State AR Zip Code 72834-0379

Purpose of Disbursement  
Political Contribution

Candidate Name

**Thomas Cotton**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2013

**Transaction ID : B2F51DE1907A14293AE4**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. David Scott for Congress**

Mailing Address PO Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. David A. Scott**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2013

**Transaction ID : BCA2DF48604D4448AA30**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Fitzpatrick for Congress**

Mailing Address 115 N Broad Street

City	State	Zip Code
Doylestown	PA	18901

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Mike G. Fitzpatrick**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2013

**Transaction ID : BD126DCF5CC6747FAAEE**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOHN DELANEY**

Mailing Address PO BOX 60320

City	State	Zip Code
POTOMAC	MD	20859

Purpose of Disbursement  
Political Contribution

Candidate Name

**John K Delaney**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2013

**Transaction ID : B5791B79F66924ED196B**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SUSAN BROOKS**Mailing Address 9333 N MERIDIAN STREET  
SUITE 230

City	State	Zip Code
INDIANAPOLIS	IN	46260

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Susan W. Brooks**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2013

**Transaction ID : BB12233B66F0447D0BF6**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 92 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. JIM PAC**

Mailing Address PO BOX 15320

City  
WashingtonState  
DCZip Code  
20003-0320Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Other2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2013

**Transaction ID : B23BB4121FC1847EF87D**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Montanans for Tester**

Mailing Address PO Box 3171

City  
BillingsState  
MTZip Code  
59103Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Jon Tester**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2013

**Transaction ID : B417586C94DFB4C31A0F**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. MOORE FOR CONGRESS**

Mailing Address PO BOX 16646

City  
MILWAUKEEState  
WIZip Code  
53216Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Gwen S. Moore**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2013

**Transaction ID : B98A2938E51734A80882**

Amount of Each Disbursement this Period

1500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Neugebauer Congressional Committee**

Mailing Address PO Box 54175

City Lubbock	State TX	Zip Code 79453
-----------------	-------------	-------------------

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Randy Neugebauer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2013

**Transaction ID : BF3E38BE3C9FB4A13909**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. PAUL TONKO FOR CONGRESS**Mailing Address 911 CENTRAL AVENUE  
PO BOX 221

City ALBANY	State NY	Zip Code 12206
----------------	-------------	-------------------

Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Paul D. Tonko**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2013

**Transaction ID : BE1CA9682443044DC899**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin	State OH	Zip Code 43017
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Purpose of Disbursement  
Political Contribution

Candidate Name

**Sen. Robert J. Portman**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2013

**Transaction ID : BE85E3919FA874F3AAAD**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 94 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Roskam for Congress**

Mailing Address PO Box 713

City Wheaton	State IL	Zip Code 60187
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Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Peter J. Roskam**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2013

**Transaction ID : B8FFFFDF7284E4448988**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. RUBEN HINOJOSA FOR CONGRESS**

Mailing Address 10125 N. 10TH STREET, SUITE E

City MCALLEN	State TX	Zip Code 78504
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Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Ruben E. Hinojosa**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2013

**Transaction ID : B545C7A730EDB4227B3A**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Scott Garrett for Congress**

Mailing Address PO Box 905

City Newton	State NJ	Zip Code 07860
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Purpose of Disbursement  
Political Contribution

Candidate Name

**Rep. Scott Garrett**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2013

**Transaction ID : B5F7CCAB3F6A04ABCA1:**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 96 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Brandon Creighton**Mailing Address 326 1/2 North Main Street  
Suite 110

City Conroe State TX Zip Code 77301-2885

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2013

**Transaction ID : B90BC462EB9804D25B96**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Friends of Mike Henne**

Mailing Address 8447 Diamond Mill Road

City Clayton State OH Zip Code 45315-9665

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2013

**Transaction ID : BA2AFC4B147894E1F820**

Amount of Each Disbursement this Period

150.00
--------

Full Name (Last, First, Middle Initial)

**C. Friends of Rich Golick**

Mailing Address 2372 Simpson Farm Way

City Smyrna State GA Zip Code 30080-4626

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2013

**Transaction ID : BCCD9467E0DA94A79879**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1150.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Friends to Elect Burt Jones**

Mailing Address 407 East Second St.

City Jackson	State GA	Zip Code 30233-2035
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Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2013

**Transaction ID : B71550CD37B754BD4BC3**

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**B. Geanie Morrison Campaign**Mailing Address 1501 East Mockingbird Lane  
Suite 101

City Victoria	State TX	Zip Code 77904-2178
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Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2013

**Transaction ID : B7323C02F4F1442E88B4**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Jay Shaw Campaign**

Mailing Address 39 Valdosta Road

City Lakeland	State GA	Zip Code 31635-6652
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Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2013

**Transaction ID : BF1BF02A39A8A4660A13**

Amount of Each Disbursement this Period

300.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1100.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. John Smithee Campaign**

Mailing Address Post Office Box 2910

City	State	Zip Code
Austin	TX	78768-2910

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2013

**Transaction ID : B2780E9F784E6472082C**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Kenneth F. Sheets for State Rep**

Mailing Address Postal Mail Box #869

City	State	Zip Code
Dallas	TX	75214

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2013

**Transaction ID : BB2FB1B9723324A87B88**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Van Taylor Campaign**

Mailing Address Post Office Box 1767

City	State	Zip Code
Plano	TX	75026

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2013

**Transaction ID : B7E1ABEDF617F4E60B02**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

National Association of Mutual Insurance Companies PAC

### A. Workman for Texas

Mailing Address 4415 R.O. Drive

City	State	Zip Code
Spicewood	TX	78669-6883

Purpose of Disbursement	Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Three digital displays are shown side-by-side. The first display shows '08' with two small squares above it. The second display shows '12' with two small squares above it. The third display shows '2013' with four small squares above it. The displays are separated by slashes.

Transaction ID : BD89C6B64D9894A25A31

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

500.00

**TOTAL** This Period (last page this line number only).....

4250.00